U.S. Department of Labor - Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

|   | For Officts Use Only |
|---|----------------------|
|   | ( NJ6222005 )        |
| E | QUE DEDE             |

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2 Fiscal Year Covered From

| 1   | į l   |  |  |  |  |
|---|---|--|--|--|--|
|   | 2/1 /2004 Through 10/12 /2004   |  |  |  |  |
| 3 Name and address of person filing   | 4 Name, file number, and address of labor organization  |  |  |  |  |
| Name Zela Scott   | Name DC 1767 AFOSCHE, NFL-Cio Lay Confocus 205  |  |  |  |  |
|   | Labor Organization File Number 06/0/4   |  |  |  |  |
| P O Box, Bldg , Room No , if any  | P O Box, Building and Room Number, if any   |  |  |  |  |
| Street 75 Variab Street (14 Judan Agune)  | Street 75 Variate Street (Suite 1404)   |  |  |  |  |
| City & WE 1404  | city New York New York 10013  |  |  |  |  |
| State New York, My 100121P Code + 4   | State Hew York ZIP Code + 4   |  |  |  |  |
| 5 Position in labor organization  |   |  |  |  |  |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of |   |  |  |  |  |
| monetary value from an employer whose employees your organization   | on represents or is actively seeking to represent   |  |  |  |  |
| 6 Name and address of Employer (including trade name, if any)   | 7 a Nature of Interest, Transaction, or Income  |  |  |  |  |
| Name Day Care Council Josef 205, DC 1707  | Six annual Conferences  |  |  |  |  |
| Trade Halfary Fund Streep Legal Fund 15 flo   | anual membership Dues   |  |  |  |  |
| P O Box, Bldg , Room No , if any  |   |  |  |  |  |
| Street 75 Varich Street 15th floor  | 7 b Amount  |  |  |  |  |
| City New York   | 2,690.46  |  |  |  |  |
| State N. I ZIP Code + 4 100 13  |   |  |  |  |  |
| Sign  | nature Zele Scott   |  |  |  |  |
| 15 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan   | Perjuty and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the |  |  |  |  |
| undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions )   |   |  |  |  |  |
| · ·   | ·   |  |  |  |  |

On August 12/05 7/8 986-0146 CU/#

Telephone Number

| Name of Person Filing  | File Number U-  |                    |  |  |
|--|---|--------------------|--|--|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested |   |                    |  |  |
| 8 Name and address of Business (including trade name, if any)  | 9 Business deals with   |                    |  |  |
| Name   |   |                    |  |  |
| Trade Name, if any   | a Labor Organization  |                    |  |  |
| PO Box, Bldg , Room No , if any  | b Trust   |                    |  |  |
| Street   | c Employer  |                    |  |  |
| City   |   |                    |  |  |
| State ZIP Code + 4   |   |                    |  |  |
| 10 If 9 b or 9 c is checked give trust or employer's name  | 11 a Nature of such dealing   |                    |  |  |
| Name   |   |                    |  |  |
| Trade Name, if any   |   |                    |  |  |
| P O Box, Bldg , Room No , if any   |   |                    |  |  |
| Street   | 11 h Approvemento della cual  | up of ruph doolloo |  |  |
| City   | 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received |                    |  |  |
| State ZIP Code + 4   |   |                    |  |  |
|  |   |                    |  |  |
|  |   |                    |  |  |
|  |   |                    |  |  |
|  | 12 b Amount   |                    |  |  |
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value   |   |                    |  |  |
| 10 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)   | 14 a Nature of payment  |                    |  |  |
| Name   |   |                    |  |  |
| Trade Name, if any   |   |                    |  |  |
| PO Box, Bldg , Room No , if any  |   |                    |  |  |
| Street   |   |                    |  |  |

14 b Amount of payment

13 b Is the Business an Employer

ZIP Code + 4

or Consultant

?

City

State